

Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgement before publication.

Of *Giardia* Cysts and Sportsmen

TO THE EDITOR: *Giardia* cysts in drinking water are a widely-recognized hazard to sportsmen, and as Jarroll and co-workers^{1,2} have shown, the common methods of chemical disinfection cannot be relied upon to kill the cysts in cold water. Boiling is the suggested alternative. While this is effective, hikers are reluctant to use any method which would greatly increase the burden of fuel to be carried. Indeed, many people will continue to use chemicals for this reason, in spite of the hazard.

A simple compromise is to slightly raise the temperature of the water to be treated; at 20°C, all the chemical methods tested by Jarroll and his co-workers were found to be completely effective. By bringing one fifth of the total volume of water to a boil, and mixing the hot and cold portions, a minimum temperature of 20°C will be reached with even the coldest stream water (allowance must be made for high altitudes). Chemical treatment is then carried out. Fuel expenditure is dramatically reduced, and no thermometer or large cooking vessel is necessary.

BRIAN MOONEY, BA
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REFERENCES

1. Jarroll EL Jr, Bingham AK, Meyer EA: *Giardia* cyst destruction: Effectiveness of six small-quantity water disinfection methods. *Am Trop Med Hyg* 1980 Jan; 29:8-11
2. Jarroll EL Jr, Bingham AK, Meyer EA: Inability of an iodination method to destroy completely *Giardia* cysts in cold water (Information). *West J Med* 1980 Jun; 132:567-569

The Devil of Nutrition Cultism

TO THE EDITOR: The publication of humorous and whimsical letters often brightens the days and late evenings of physicians who often carry numerous burdens.

It was with the presumption of a framework of whimsy that I approached the letter by John M. Douglass, MD, and others¹ in the February 1982 issue.

However, about a third of the way through, I realized I was not reading humor but either a foreign language or a set of thought processes so

foreign to logic and science that it was unrecognizable as modern American medicine or modern American English.

I therefore wish to take to task the editorial staff for publishing letters written in foreign languages or in extraterrestrial logic forms without adequate translation or editorial comment.

I thank you for giving greater attention to this matter in the future.

WALLACE I. SAMPSON, MD
Mountain View, California

EDITOR'S NOTE: Thank *you* for your editorial comment!
—MSMW

REFERENCE

1. Douglass JM, Douglass RN, Fleiss PM: The first devil of nutrition cultism (Correspondence). *West J Med* 1982 Feb; 136: 167-168

Beeper Bite: A Jogging Complication in Physicians

TO THE EDITOR: Immediately following a seven-mile run, a 34-year-old physician marathoner noted the presence of a 2- by 2-cm excoriated erythematous patch of skin overlying the right iliac crest. He had run with a pager (Motorola, Pageboy II) clipped to his jogging shorts, immediately overlying the site of the skin lesion. His shirtless garb put the metal clip (chromium plated aluminum) of the pager in direct contact with skin. The following day the physician ran with the pager clipped on the left side, yielding a similar eruption overlying the left iliac crest. The differential diagnosis consisted of contact dermatitis versus abrasions. The inert nature of the metallic clip and general appearance of the rash led to a diagnosis of beeper clip abrasions. Jogging continued *sans* beeper and the eruption cleared promptly.

Other therapeutic modalities may be helpful if a physician refuses to jog without beeper. Protective padding might be sewn into the shorts or strapped over the beeper with a rubber band. A shirt tucked into the shorts might help. An alternative would be to encourage the physician to